
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original.
- ☐ design.
- ☐ supplemental.
- ☐ national stage of PCT.
- ☐ divisional.
- ☐ continuation.
- ☐ continuation-in-part (C-I-P).

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**A SYSTEM AND ARCHITECTURE THAT SUPPORTS A MULTI-FUNCTION
SEMICONDUCTOR DEVICE BETWEEN NETWORKS AND PORTABLE
WIRELESS COMMUNICATIONS PRODUCTS**

SPECIFICATION IDENTIFICATION

the specification of which:

(a) ☐ is attached hereto.

Notice of July 13, 1995 (1177 O.G. 60).

(b) ☐ was filed on _____, as ☐ Serial No. 09/ _____ or ☐ and was amended on _____
(if applicable).

(c) ☐ was described and claimed in PCT International Application No. _____, filed on _____
and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows.

**PRIOR FOREIGN / PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. § 119 (e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

/

/

/

**CLAIM FOR BENEFIT OF EARLIER US / PCT APPLICATION(S)
UNDER 35 U.S.C. 120**

- ☐ The claim for the benefit of any such applications are set forth in the attached
ADDED PAGES TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR DIVISIONAL, CONTINUATION OR
CONTINUATION-IN-PART (C-I-P) APPLICATION:

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark office connected therewith.

Bradford S. Breen, Reg. No. 30,823

Peter Bucci, Reg. No. 30,034

Robert M. Isackson, Reg. No. 31,110

Stephen J. Lieb, Reg. No. 41,943

James Murtha, Reg. No. 35,769

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Robert M. Isackson

ORRICK, HERRINGTON & SUTCLIFFE LLP
666 Fifth Avenue
New York, New York 10103-0001

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Robert M. Isackson

(212) 506-5280

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

Dennis
(GIVEN NAME)

G.
(MIDDLE INITIAL OR NAME)

Priddy
FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship United States

Residence Clearwater, Florida

Post Office Address 806 Harbour Island
Clearwater, Florida 33767



11104-2 RMI

- ☐ **Signature** for fourth and subsequent joint inventors.

Number of pages added _____

* * *

- ☐ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.

Number of pages added _____

* * *

- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.

Number of pages added _____

* * *

- ☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

* * *

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ Number of pages _____

* * *

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

* * *

☒ This declaration ends with this page